

Application for Defibrillator Technician

Section of Community Health & Emergency Medical Services

Box 110616

Juneau, AK 99811-0616

Phone: (907)465-3027/FAX:465-4101

Application Checklist

Name:

Address:

Certification Number:

SSN:

- Completed and signed application.
- Evidence of current EMT or ETT certification
- Evidence of current CPR certification (full provider course) from an approved CPR training agency.
- Evidence of passing the practical examination.
- Evidence of passing the written examination (manual devices only).
- Evidence of being under the sponsorship of a physician.

EMS Certification

I am certified as an: • ETT • EMT Cert. #

Date Certification Expires:

EMS Affiliation

Service:

Starting date of affiliation:

Address:

Name of supervisor:

Signature of supervisor:

Practical Examination

This is to confirm that the individual named above successfully completed the appropriate practical examination for defibrillator technician certification.

Signature of EMT-I Instructor or EMT-III Instructor

Date

Physician Medical Director

I recommend the certification of the individual named above as a Defibrillator Technician and will continue to fulfill the responsibilities of a physician medical director as outlined in applicable EMS regulations.

Signature of Medical Director

Date

Notary Public Available

I certify under penalty of perjury that the foregoing is true and accurate.

Signature of Applicant

Date

THIS IS TO CERTIFY that on this ____ day of _____, 19____, before me appeared _____ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

My Commission Expires _____

No Notary Public Is Available

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

Signature of Applicant

Date

Location

Signature of State Approved
EMS Certifying Officer or Instructor

If you have questions regarding the certification process, please call the Section of Community Health & EMS at (907)465-3027.